

IN THIS ISSUE

What Does Hospital Data Tell Us About the Current COVID-19 Surge? 1

Updated Physician Study Released, Flaws Remain..... 1

WHA Urges Feds to Revise No Surprises Act Rule..... 2

House Passes Legislation to Avert Hospital Medicare Cuts 3

Fast Facts from the WHA Information Center: 'Tis the Season to be Jolly...and Careful 3

What Does Hospital Data Tell Us About the Current COVID-19 Surge?

WHA COVID-19 online dashboard highlights critical demand for hospital services

Wisconsin is in throws of another, this time more intense, COVID surge which, combined with very high demand for non-COVID care, is stressing the health care system. The WHA [COVID-19 dashboard](#) illustrates some of these challenges currently facing hospitals throughout the state.

Data compiled from the WHA dashboard highlights the differences between last fall’s COVID-19 spike in Wisconsin and the current wave of hospitalizations. It is also important to note that COVID-19 cases are still trending upward, so the data in the comparison table below will continue to evolve in the coming weeks.

Statewide COVID Dashboard Stats	November 2020 COVID Surge	December 2021 COVID Surge (so far)
Peak daily number of all COVID cases statewide	7,870 on 11/18/2020	5,165 on 12/2/2021
Peak daily hospitalizations	2,277 on 11/17/2020	1,630 on 12/7/2021
Peak daily vent patients	638 on 11/18/2020	699 on 12/3/2021
Peak daily deaths	86 on 11/18/2020	46 on 11/30/2021
Lowest ICU beds available	112 on 11/12/2020	37 on 12/7/2021
Lowest Med/Surg beds available	428 on 11/10/2020	198 on 11/30/2021

(continued on page 5)

EDUCATIONAL EVENTS

December 10

Chargemaster Coding Updates and Implementation for 2022
Self-study module series

December 14

Post-Pandemic Priorities for Rural Health Systems
Webinar

January 26

Mega Healthcare Conference
Kalahari Resort, Wisconsin Dells

Updated Physician Study Released, Flaws Remain

An updated analysis of “physician value” conducted by GNS Healthcare and funded by the Business Health Care Group (BHCG) made few changes to provide more meaningful data compared to the group’s original study released two years ago.

Concerns with the original study were documented in a [white paper](#) produced by the Benefit Services Group, Analytics (BSGA).* It cautioned that using incomplete data to rank physicians is unlikely to improve health care delivery, but could lead to unnecessary market disruption and undermine other, more credible efforts to identify best practices.

While a final report was not made available, the updated BHCG study as discussed in a webinar on Dec. 8 appeared to again focus on primary care physicians, although some data was provided during the presentation for specialists as well. While the updated study uses two years worth of data, which is an improvement, BSGA indicates most analyses use three to five years worth of claims data. There were few other notable differences in the study methodology.

BHCG again touted the results of the study, indicating they could be used to steer patients to specific providers. The study includes just 20% of all primary care

(continued on page 2)

(Updated Physician Study Released, Flaws Remain . . . continued from page 1)

physicians in the state, using pre-COVID data from 2018 and 2019. These and other methodology challenges lead to a stated and low 80% confidence level in the results.

According to the BSGA study, importantly, Wisconsin is unique in that much of the care in the state is provided through integrated systems. This means that the primary care physician is part of an overall team that helps manage care for a patient. In ignoring that, the study could result in worse outcomes and fragmented care and have the exact opposite effect of what is intended.

**The BSGA white paper was partially funded by the Healthy Wisconsin Alliance, Inc., an advocacy organization that informs the public about health care issues, attitudes and trends in Wisconsin and is affiliated with the Wisconsin Hospital Association.*

WHA Urges Feds to Revise No Surprises Act Rule

Late Breaking News: AHA and AMA file lawsuit challenging the regulations in court

WHA submitted comments to the five federal agencies in charge of implementing the No Surprises Act, raising concerns about an interim final rule that runs contrary to congressional intent by favoring insurance companies with a benchmark payment rate over other factors when it comes to resolving disputes. Comments were submitted earlier this week, just before the American Hospital Association (AHA) and the American Medical Association (AMA) announced a lawsuit challenging the provision.

Over the last three years as congress deliberated how to address instances when patients were surprised by a health care bill due to an out-of-network provider, hospitals strongly supported the idea that patients should not be caught in the middle, but that to resolve any payment disputes the parties should use an independent arbiter to work out differences.

Although Congress had considered establishing a benchmark rate, instead the No Surprises Act outlined several criteria an independent arbiter should use to determine the appropriate payment rate. These factors include not just what the Centers for Medicare & Medicaid Services (CMS) calls the “qualifying payment amount” (QPA), which is the median in-network rate, but also the level of training, experience, quality and outcomes of the provider; the market share held by the provider and/or the plan; patient acuity; and teaching status, case mix, and scope of services of the provider.

But in its rulemaking process, the federal government determined that the single most important factor to be used is the median in-network rate. Prior to the enactment of the No Surprises Act, the Congressional Budget Office had projected the fallout of such a move was that the median in-network rates would become a ceiling for negotiations, and eventually function as government-set benchmark rates for providers. This would reward health insurance companies at the expense of hospitals and other providers, which would be forced to accept lower rates or be threatened with being moved out-of-network. The domino effect could lead to fewer in-network providers for patients.

The AHA and AMA lawsuit challenges this provision, saying that it would reduce access to care, reduce provider networks and discourage meaningful contract negotiations.

In its comments, WHA urged CMS to heed the advice of the 152 congressmen and women who signed onto a letter asking the agencies to implement the Act in a way that improves rather than exacerbates concerns over network adequacy, and revise the interim final rule to avoid disproportionately weighting the median in-network rate.

Under the law, patients cannot be charged more than the in-network rate and providers can't bill patients for out-of-network emergency services or for nonemergency services performed by an out-of-network physician at an in-network facility. The U.S. Department of Health and Human Services issued rules implementing that part of the law earlier this summer with a Jan. 1, 2022 start date.

For more information about the No Surprises Act, CMS has recently released additional information and resources, including templates of certain required forms, on its [webpage](#).

House Passes Legislation to Avert Hospital Medicare Cuts

On Dec. 7, the U.S. House of Representatives passed legislation to avert pending year-end Medicare cuts to hospitals.

The legislation, which passed the House on a mostly [party-line 222-212 vote](#), would delay the scheduled 2% Medicare sequester cuts until April 1, 2022. Starting April 1, there would be a 1% cut (instead of a 2% cut) until June 30 when the full 2% cuts would resume.

Additionally, the legislation would prevent the 4% statutory Pay-As-You-Go (PAYGO) sequester from taking effect next year. PAYGO requires, among other things, that mandatory spending and revenue legislation not increase the federal budget deficit over a 5- or 10-year period; otherwise, across-the-board cuts are triggered. Congress has traditionally voted to waive PAYGO and prevent these cuts from taking effect since PAYGO has been enacted.

Lastly, the bill would mitigate the 3.75% cuts from the Physician Fee Schedule set to take effect next year by providing a 3% bump, while also delaying until 2023 scheduled cuts to clinical laboratory and radiation oncology reimbursements.

WHA has been relaying concerns over the pending cuts to federal lawmakers as the end of the year has approached, and strongly urged Wisconsin's congressional delegation to support this legislation when it was introduced this week. WHA noted, in particular, that with recent dire hospital capacity challenges and exponential increases in staffing costs, "these scheduled cuts would be a gut punch to hospitals that are in one of the most challenging stages of this seemingly endless pandemic."

The legislation now goes to the Senate, where leaders have signaled they believe they have the votes to pass it.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

Fast Facts from the WHA Information Center: 'Tis the Season to be Jolly...and Careful

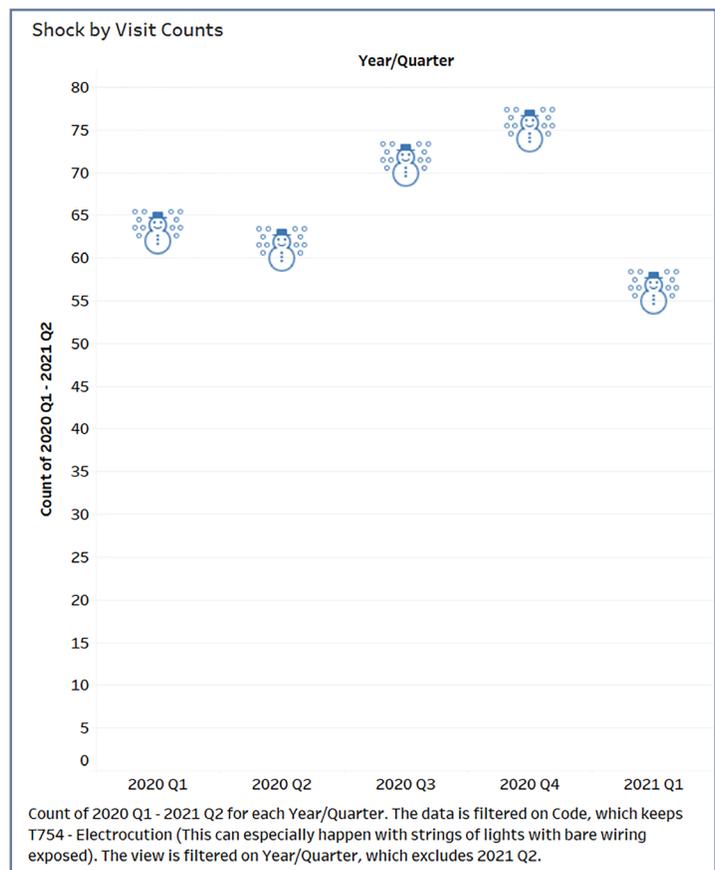


The holiday season is synonymous with excitement for getting together with family, enjoying delicious

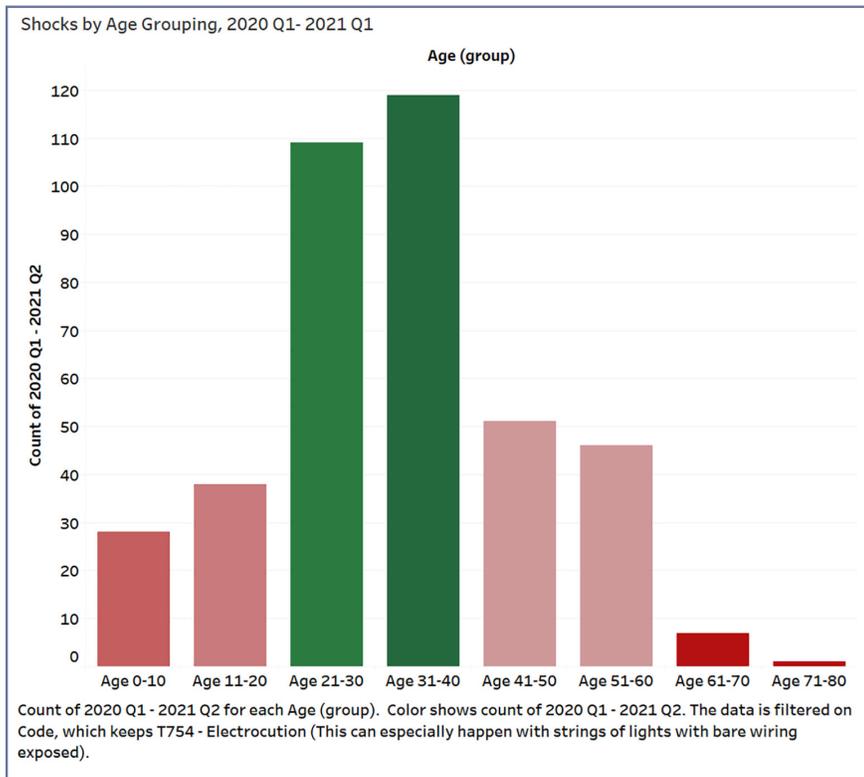
meals and attending festive events meant to create and share cheerful experiences. The multiple holidays, while joyful and fun, can also lead to more dangerous injuries than one might think. Data shows that during the month of December, there is an increase in specific types of injuries related to Christmas and other holiday activities. Some of the most common holiday injuries include falls or electrocution when handling decorations, shopping injuries, fires and burns, and dangerous driving accidents.

The U.S. Consumer Product Safety Commission (CPSC) estimates that each year, holiday decorations and lights are responsible for more than 12,000 emergency room visits because of falls, cuts and shocks. The commission also notes that each day during the holiday season there are on average 160 decorating-related injuries, with roughly half of the injuries involving falls. With more families staying home the past couple of years and wanting to decorate, experts estimate there will be more visits to the emergency room due to falls, cuts, and shocks.

The WHA Information Center analyzed claims from January 2020 to March 2021 to see how populations are impacted by accidental shocks. The trend of visits to a hospital for electrocution shows a definite rise in numbers from October-December, more specifically in December. A fair number of cases



(continued on page 4)



involve children aged 20 and younger who visited a hospital from a shock. Sometimes children are most susceptible to these types of injuries due to curiosity and not fully understanding the risk.

The CPSC released data on how fires and burns increase around the holiday season. The information shows that, “cooking fires remain the number-one cause of residential fires.” Further, CPSC data show that there are about 360,000 home fires every year, leading to about 2,400 deaths and nearly 10,400 injuries each year (CPSC, 2021). From 2018-2019, dry Christmas trees and unwatched candles led to dangerous house fires responsible for 180 injuries and almost \$56 million in property damage.

Another major injury-causing event that occurs during the holiday season is car accidents. Whether it’s because of people rushing to get shopping done, holiday-related travel or hazardous weather conditions, the number of car accidents increases around holidays.

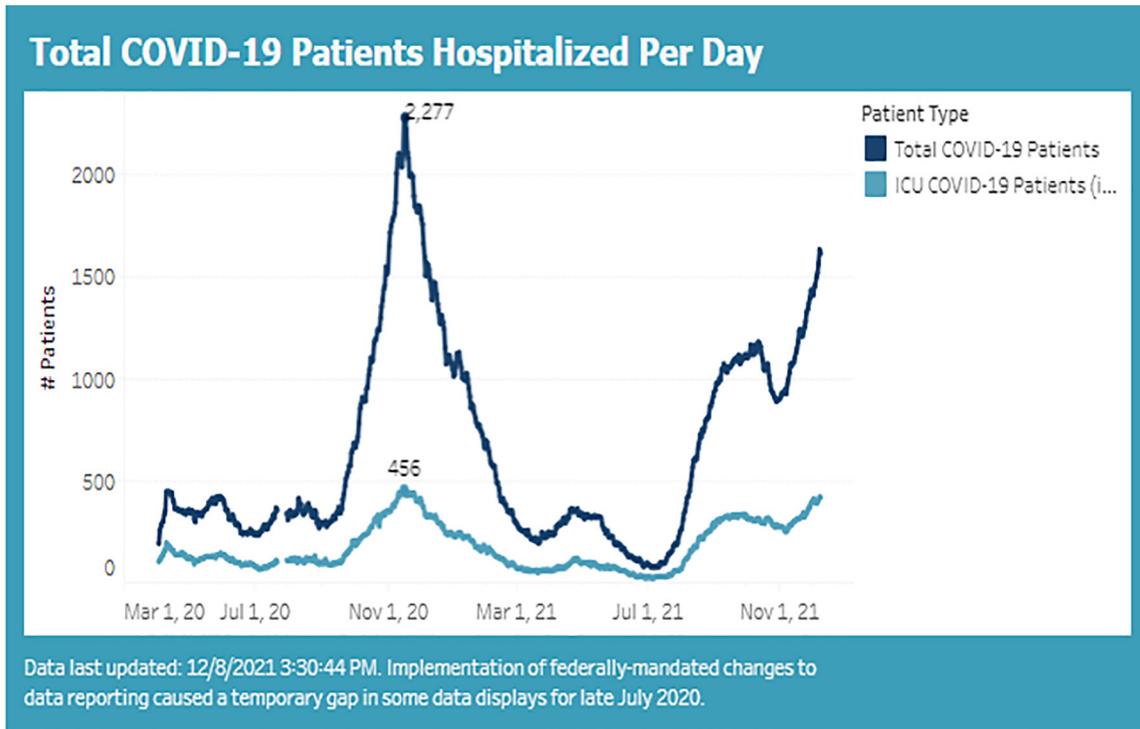
No matter what you have planned or your reason for celebrating, have a safe and happy holiday season.

TIPS TO PREVENT HOLIDAY INJURIES

- Choose decorations that are flame resistant or flame retardant.
- Make sure your tree has plenty of water by checking it regularly.
- Keep trees away from heat sources such as space heaters and fireplaces.
- Always unplug lights before leaving your home or going to sleep.
- Always check electrical cords for signs of wear and make sure they are marked “UL,” meaning they have been tested and certified safe
- If you are putting lights or other decorations up that requires the use of a ladder, be careful when climbing.
- Make sure you are well-rested and your car is in good condition for the trip. If there is ice or rain on the road, adjust for the conditions by using lights and wipers appropriately and reducing speed.

(What Does Hospital Data Tell Us About the Current COVID-19 Surge? . . . continued from page 1)

While the current surge hasn't reached the peak of COVID-19 hospitalizations seen in the fall of 2020, demand for ventilators and intensive care is markedly higher today, nonetheless. High demand for non-COVID care, combined with workforce challenges and hundreds of nursing home patients now being boarded inside hospitals is more severely eroding hospital capacity this time around and impacting access to care.



Since its creation in April 2020, the WHA COVID-19 dashboard had proven an invaluable resource, using real-time information to illustrate the virus' impact on the Wisconsin health care system. The page has been viewed more than 1.2 million times since it went live.

Follow Us

 [@WIHospitalAssociation](#)

 [@WIHospitalAssn](#)

 [@Wisconsin Hospital Association](#)